

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3888AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/05/2014
NAME OF PROVIDER OR SUPPLIER JOYFUL SENIOR CARE HAVEN 2		STREET ADDRESS, CITY, STATE, ZIP CODE 4353 JODI AVE LAS VEGAS, NV 89120		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure grading survey conducted at your facility on 12/5/14. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Health Division.</p> <p>The facility is licensed for 10 Residential Facility beds which provides care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was ten. Ten resident files were reviewed and five employee files were reviewed.</p> <p>The facility received a grade of A.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 103 SS=D	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift.</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by:</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

12/22/14

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Y 103	Continued From page 1 Based on record review and interview, the facility failed to ensure 1 of 5 employees met the tuberculosis (TB) testing requirements (Employee #4). Findings include: On 12/5/14 at 2:30 PM, record review revealed Employee #4 was missing an annual 2014 TB test due in the month of August 2014. On 12/6/14 at 2:30 PM, the Administrator acknowledged Employee #4 did not receive their 2014 TB test. Severity: 2 Scope: 1	Y 103		
Y 905 SS=D	449.2746(1)(a)-(c) PRN Medication NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. 1. A caregiver employed by a residential facility shall not assist a resident in the administration of medication that is taken as needed unless: (a) The resident is able to determine his need for the medication. (b) The determination of the resident's need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given.	Y 905		

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Y 905	<p>Continued From page 2</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure medications were not administered to residents which required a medical assessment (Resident #1).</p> <p>Findings include:</p> <p>On 12/5/14 at 3:00 PM, a review of Resident #1's medications revealed the resident was prescribed Hydroxyzine 10 milligrams (mg) Take 1 to 2 tablets by mouth 2 to 3 hours prior to bedtime as needed for itch.</p> <p>On 12/5/14 at 3:00 PM, the Administrator acknowledged the finding.</p> <p>Severity: 2 Scope: 1</p>	Y 905		

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